www.hcwa.org.in

HANDICAPPED CHILDREN & WOMEN'S AID

REGISTERED UNDER SOCIETIES REGISTRATION ACT XX1 OF 1860

Head Off. C-18, First Floor, Community Centre, Pankha Road, Behind Janak Cinema, Janakpuri, N.D-58 Regd Off.902, 9th floor, Shahpuri's Tirath Singh Tower, Plot no.C-58, C-Block Community Centre, Janakpuri, N.D. Ph.No- 011 41578353 info@hcwa.org.in www.hcwa.org.in (Regd. No. S-53255)

BENEFICIARY FORM

REG. No.

PATIENT'S DEMOGRAPH

NAME:

Mr. Ankit

AGE:

18 Yrs

SEX: M

10th Pursuing

BREIF DETAILS ABOUT THE BENEFICIARY

Mr Ankit is 18 Yrs old Aplastic Anemia Patient. He is suffering from Aplastic Anemic Disorder and Bone Marrow transplant. The Patient belongs to weaker section of our society. They are Five members in the family. He this transpalnt as soon as possible for save his life. The treatment is going under ALL INDIA INSTITUTE OF MEDICAL SCIENCES, New Delhi, The total estimate is Rs. 15,00000/- for the treatment. His family is not in condition to bear the expenses of his treatment therefore they requested to HCWA to support for the same.

ABOUT THE FAMILY

FATHERS NAME:

Mr. Ranjit Das

AGE: 38Yrs

EDU: Nil

OCCUPATION: Labour

MOTHER'S NAME:

Mrs Kanchan Devi

AGE: 35 Yrs

EDU: Nil

OCCUPATION: House Wife

FAMILY MEMBERS:

Five(05)

). OF CHILDREN

Three(03)

NO. OF SCHOOL GOING:

ALL INDIA INSTITUTE OF MEDICAL SCIENCES NEW DELHI

Three(03)

EARNING MEMBER: One

Monthly INCOME: 5000/-

BELONGS TO: Bihar

MEDICAL TREATMENT/ EDUCATION DESCRIPTION

HOSPITAL / INSTITUTION'S NAME

ADDRESS:

TREATMENT REQUIRE:

New Delhi-110002

Aplastic Anemia (Bone Marrow transplantation)

O.P.D. CARD NO.: 105849404

TOTAL EXPENSE OF TREATMENT/SURGERY/EDU.:

The Total Estimate is given by AIIMS Hospital is Rs.1500000/- for the Transplantation

Reason For Which Sponsorship Required.

- 1. Education/Surgery / Treatment.
- 2. Purchase of Rehabilitation/ THisapy Equipment.
- Individual Child Expenses for Specific THisapies (Acupuncture, PhysiotHisapy, Speech THisapy etc.)

4. OtHis expenses of the Organisation

DECLARATION

I Hise by declare that the information given above is true and

I am not in position to afford the treatment expenses.

Signature of Parents / Guardian

Donation to HCWA are exempted from Income Tax u/s 80G of I.T. Act. 1961



अ० भा० आ० सं० अस्पताल/A.I.I.M.S. HOSPITAL बहिरंग रोगी विभाग /Out Patient Department

अस्पताल के अन्दर धूमपान मना है।/SMOKING IS PROHIBITED IN HOSPITAL PREMISES



एकक/Unit _____ विभाग/Dept.

ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No.

OPR-6 7 4056

नाम/Name

Aplastic Anemia Clinic (AA CL. No: 2022/AA/4056 LHID: 105849404 ANKIT 18Y9M6D

ALL TRACTICES IN STRUMENT SPENS BY

Aplastic Anemia Clinic

Queue No: F11 Rocm: C-508

UHID 105849404 14-10-2022

1 -4 3

Age

पता/Address

Herristo 1058 49 404

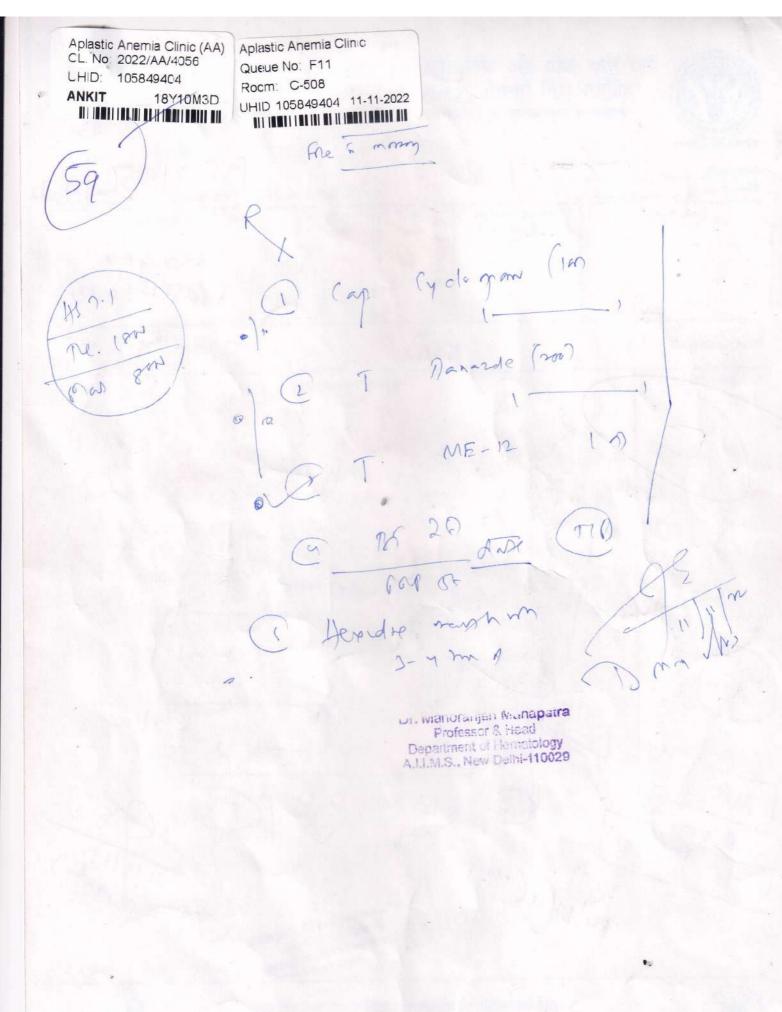
निदान/Diagnosis

दिनांक / Date उपचार/Treatment 500 MEND Wanora ijan Mahapatra Professor & Head Department of Hematology A.I.I.M.S. New Dolbi 1200



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, खच्छता से काया कल्प अंगदान-जीवन का बहुमूल्य उपहार/ORGAN DONATION - A GIFT OF LIFE O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)







DEPARTMENT OF HEMATOLOGY हिमेटोलोजी विभाग

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

अखिल भारतीय आयुर्विज्ञान संस्थान ANSARI NAGAR, NEW DELHI - 110029 अंसारी नगर, नई दिल्ली-११००२६

TELEPHONE : 011-26594670

Date...ज्रीकी राज्य

TO WHOM IT MAY CONCERN

| This is to ce | rtify that | | |
|--|---|--|--|
| Patient Nam | ne ANEI | | |
| Age: 18 | Gender: Temy | | |
| S/o/D/o/W/o | RANDIT DAS | | |
| UHID No | 105844404 | | 276 |
| is suffering t | from Diagnosis <u>scuese</u> Apl | alic Arenia/o | 119. |
| and is under | r treatment from Department of Hematology | , AIIMS. | |
| It is propose therapy. This afford the tre | ed to treat the patient with Chemotherapy s treatment is potentially life saving for a seri eatment. | Immunomodulation/Bone marrow transus hematological illness. The family is | splantation/Other poor and cannot |
| is given und | mate cost of the total treatment amount to R er the subheadings listed below. The cost un ess would then be used from the other subhe | ider one subheading may exceed the r | cimate breakdown projected estimate |
| 1. | Chemotherapy EPAG + SAA | & 600000/- | |
| 2. | Antithymocyte globulin (353) | 8 5 30 000 5 | |
| 3. | Antibiotics | RS 1 DD DODY | FZFZ |
| 4. | Blood component kits and tests | 0.2 00 000/ | _ / / / |
| 5. | Growth factors | | - lakets |
| 6. | Room charges for Isolation | R. 1,000 0001- | |
| 7. | Post Transplant Immunosuppression | 2007 | |
| 8. | Miscellaneous charges | The state of the s | 8 |
| 9. | Total | RS 15,00 000 | / |
| This certification | ate is being issued to avail financial assist in grounds. The cheque is to be issued in favo | cance only. Financial assistance may our of Patient Treatment Account, AIIMS | be given on S, New Delhi |
| | ette (diad) Samor Rasio | | 7 |
| D-1- C | Ida and to be seen the line of the land | m () | WAN |
| Date: 5 | 926 | Lead of the last light light | 1 |

राशन कार्ड संख्या : 10190030030009200156

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| | वर्ष : 2018 | | | | | | | | | |
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| हामग्री / जाह का जाम | चावल की मात्रा किलो ग्राम में | गेहूँ की मात्रों किलो ग्राम में | मोटा अनाज की मात्रा किलो ग्राम में | चीनी की मात्रा किलो गाम में | किरासन राज की मारा जोटर में | अन्य_ | दुकानदार का हस्ताक्षर | हस्ताक्षर प्राप्तकर्ता | | |
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बिहार सरकार

Government of Bihar

फॉर्म / Form - XVI

जिला / District : समस्तीपुर, अनुमंडल / Sub-Division : रोसड़ा, अंचल / Circle : शिवाजीनगर आय प्रमाण-पत्र / Income Certificate

प्रमाण-पत्र संख्या : BICCO/2022/5496849

दिनांक: 26/05/2022

प्रमाणित किया जाता है कि श्री रंजीत दास (Ranjit Das), पिता (Father) रामलाल दास (Ramlal Das), माता (Mother) रामो देवी (Ramo Devi), ग्राम / नगर - बल्लीपुर, डाकघर - बल्लीपुर, थाना - हथौड़ी, प्रखंड - शिवाजीनगर, अनुमंडल - रोसड़ा, जिला - समस्तीपुर, राज्य - बिहार एवं उनके परिवार की कुल वार्षिक आय निम्नांकित है : -

सरकारी सेवा से आय

: ₹ 0/-

व्यवसाय से आय

: ₹ 0/-

कृषि से आय

: ₹ 40000/-

अन्य स्रोतों से आय

: ₹ 19000/-

कुल आय (वार्षिक)

: ₹ 59000/-

स्थान : शिवाजीनगर दिनांक : 26/05/2022



Digitally signed by PRIYA AARYANI Date:2022.05.26.04:51:30 +05:30

(हस्ताक्षर राजस्व अधिकारी / Signature Revenue officer)

QR Code की जाँच https://serviceonline.bihar.gov.in पोर्टल एवं Play Store पर उपलब्ध ServicePlus Mobile App से करें। वैधता: निर्मत होने की तिथि से अगले एक वर्ष की अवधि तक।

नोट: यह दस्तावेज DigiLocker पर भी उपलब्ध है।

To

HCWA

C18 Behind Janak Cinema Janak Puni N. D-59

महोदमः

स्वित्य विवेद्त यह दिवा के जिल्ला पत्री - रेजी द्रांत हम किंद्रा के निवाह उत्तर साट उत्तर के जल्द हैं डाकरों के सागह उत्तर साट उत्तर के जल्द किला करका जाप भी आविषक सहाया का विकीए प्राप्त के अपने करे का हलांग का वा सहाया का विकीए भी कहा गरी के उत्तर का कापा के सिंग हैं की सहाया विकीए के आपका स्वा स्वा उत्तर हैंगा।

रेजीत देख

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